## SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER: PAGE 19/25				)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		4 8c	25 29	26 30b
Any Information copied from such Reports and State							
or for commercial purposes, other than using the nat	ne and address of any political co	mmittee to so	iicit contribut	ions from su	cn comm	iittee	
NAME OF COMMITTEE (In Full)  American Academy of Family Physicians	Political Action Committee						
Full Name (Last, First, Middle Initial)			Transacti	ion ID: D33	358		
A. Friends of Joe Pitts				isbursement	V V	* \/ * \	,
Mailing Address 902 Columbia Ave.			0 9	20	2	0 0 6	
City	State Zip Code		Amount o	f Each Disbu	ırsement	this Pe	riod
Lancaster Purpose of Disbursement	PA 17603				2	500.00	)
Campaign contribution							
Candidate Name Rep. Joseph R. Pitts		Category/ Type					
Office Sought:  X House Senate President  Disbur	ement For: 2006 Primary X General Other (specify)						
State: PA District: 16							
Full Name (Last, First, Middle Initial)  Friends of Lois Capps				ion ID: D339	916		
Friends of Lois Capps			M M	isbursement	YY	YY	′
Mailing Address PO Box 23940			0 9	22	2	0 0 6	
City Santa Barbara	State Zip Code CA 93121		Amount o	f Each Disbu	ırsement	this Pe	eriod
Purpose of Disbursement		-			1	000.00	)
Campaign contribution							
Candidate Name Rep. Lois Capps		Category/ Type					
Senate President	ement For: 2006 Primary X General Other (specify) ▼	·					
State: CA District: 23  Full Name (Last, First, Middle Initial)					201		
Friends of Mark Foley			Date of D	ion ID: D338 isbursement			
Mailing Address 1316 Lake Victoria Driv	Э		09	20	2	0 Ď 6 Ì	
City Lake Worth	State Zip Code FL 33461		Amount o	f Each Disbu	irsement	this Pe	eriod
Purpose of Disbursement Campaign contribution					1	500.00	)
Candidate Name Rep. Mark Foley		Category/ Type					
Office Sought:    X   House   Disburing     Senate   President     State: FL   District: 16	ement For: 2006 Primary X General Other (specify)	·					
SUBTOTAL of Disbursements This Page (optional					50	00.00	)
			-				
TOTAL This Period (last page this line number onl	")						